

MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597187

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9	1	3				
10		3				
11		3				
12		3				
13			1			
14				1		
15				1		
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TOTAL IND.			2			
TOTAL DEP.			10			
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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